

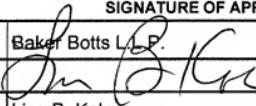
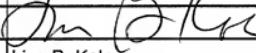
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|--|------------------|
| Application Number | 10/789,308 |
| Filing Date | 02/26/2004 |
| First Named Inventor | Jessell et al. |
| Art Unit | 1647 |
| Examiner Name | Daniel C. Gamett |
| Total Number of Pages in This Submission | 070050.2891 |

| ENCLOSURES (Check all that apply) | | | |
|--|--|---|-----------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): | Non-Patent Literature |
| Remarks | | | |
|  | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm Name | Baker Botts L.L.P. | | |
| Signature |  | | |
| Printed name | Lisa B. Kole | | |
| Date | 11/14/2007 | Reg. No. | 35,225 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Date

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FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 705)

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/789,308 |
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| First Named Inventor | Jessell et al. |
| Examiner Name | Daniel C. Gamett |
| Art Unit | 1647 |
| Attorney Docket No. | 070050.2891 |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

| | Extra Claims | Fee | Fee Paid |
|--------------------|--------------|-------|----------|
| Total Claims | | x 25 | = \$0 |
| Independent Claims | | x 105 | = \$0 |
| Multiple Dependent | | = \$0 | |

SUBTOTAL \$0

| Fee Description | Large Entity | Small Entity |
|---------------------------------------|--------------|--------------|
| Claims in excess of 20 | 50 | 25 |
| Independent claims in excess of 3 | 210 | 105 |
| Multiple dependent claim, if not paid | 370 | 185 |

FEE CALCULATION (continued)

ADDITIONAL FEES

- Surcharge - late oath or filing fee
 Non-English Specification
 Extension for reply within first month
 Extension for reply within second month
 Extension for reply within third month
 Extension for reply within fourth month
 Extension for reply within fifth month
 Notice of Appeal
 Filing a brief in support of an appeal
 Petition to revive - unavoidable
 Petition to revive - unintentional
 Utility Issue Fee
 Design Issue Fee
 Publication Fee
 Petitions to the Commissioner
 Request for Continued Examination (RCE)
 Information Disclosure Statement (IDS) \$180

Other fee -

SUBTOTAL (\$) 705

SUBMITTED BY

| | | | | | |
|-------------------|--------------|--------------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Lisa B. Kole | Registration No. (Attorney/Agent) | 35,225 | Telephone | 212-408-2500 |
| Signature | | | | Date | 11/14/2007 |

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